



DOM 01-01

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant : Odom, W. et al.)
Serial No. : 09/977,138)
Filed : October 12, 2002)
For : Electronic Card Game)
And Method)
Examiner : Christina Marks)

Group Art Unit 3713

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(Date)
Kellie Carr
Kellie Carr

ADDENDUM TO REQUEST FOR ORAL HEARING
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In association with Appellant's request for oral hearing, Appellant's representative respectfully requests that oral hearing **not** be set for the following days as Appellant's representative will be unavailable: October 5-8, 2004, October 25, 2004, November 11-12, 2004, November 19, 2004, November 23-24, 2004, and December 27-31, 2004.

Serial No.: 09/977,138
Filing Date: October 12, 2002

Respectfully submitted,

ANDERSON & MORISHITA, LLC

Dated: August 12, 2004

By: 

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Approval for use through 04/30/2003. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/977,138
	Filing Date	Oct 12, 2001
	First Named Inventor	Odom, Wayne
	Art Unit	3713
	Examiner Name	C. Marks
Total Number of Pages in This Submission	Attorney Docket Number	ODOM01-01

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Oral Hearing Addendum to Request for Oral Hearing Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Anderson & Morishita, L.L.C.
Signature	
Date	August 12, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Kellie D. Carr		
Signature		Date	August 12, 2004

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